



## TEXAS DEPARTMENT OF INSURANCE

### **Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)**

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**M4-17-3250-01**

This decision has been redacted in its entirety.

Please contact Medical Fee Dispute Resolution  
(MFDR) at [MDRIquiry@tdi.texas.gov](mailto:MDRIquiry@tdi.texas.gov) or at  
800-252-7031 option 3 if you have any questions.